

**FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. \_\_\_\_\_

FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

**CLAIMS**

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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						62						
						63						
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						96						
						97						
						98						
						99						
						100						
						TOTAL IND.						
						TOTAL DEP.						
						TOTAL CLAIMS						